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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 701693463	Filing Date
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
		Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2						
Total Depend	7						
Total Claims	9						
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